

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/05)

Application Number

Filing Date

App'date(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1		1		1					
2										
3	1		1		1					
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6										
7	1		0		0					
8			0		0					
9	1		0		0					
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Total Indep	2		2		1					
Total Depend	9		10		9					
Total Claims	11		12		10					

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